

## SUMMARY FORM

### COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

**Section I: Agreement Details**

Public Employer:	New Milford Board of Education	County:	Bergen
Employee Organization:	New Milford Education Association	Employees in Unit:	186
Base Year Contract Term:	7/1/2011	6/30/2014	New Contract Term 7/1/2014
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Facilitator Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation		

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		\$11,737,751	\$12,054,925
Item 1 ..... Salary			
Item 2 ..... Increment			
Item 3 ..... Longevity			
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet		Additional Items	
<b>Section III: Totals - Sum of costs in each column</b>		<b>\$11,737,751</b>	<b>\$12,054,925</b>
		(Total)	(Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$11,737,751

Effective Date (m/d/yyyy)	7/1/2014	7/1/2015	7/1/2016			
Percent Increase .....	2.7	2.6	2.6			
Total cost of increase ..	\$317,174	\$313,511	\$308,941			
Total base salary (successor agreement) .....	\$12,054,925	\$12,368,436	\$12,677,376			

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.63

Dollar Impact (average per year over term of agreement) \$313,209.00

**Section VI**

<u>Health Insurance (Indicate costs associated on each line)</u>		Base Year	Year 1				
Cost of Health Plan .....		\$2,166,593	\$2,475,262				
Employee Contributions .....		\$418,463	\$552,621				
Prescription .....							
Dental .....		\$9,604	\$9,504				
Vision .....		\$2,419	\$2,419				

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.*

**Section VII**

Prepared by:

Donna Heinzmann

Title: Assistant Business Administrator

Print Name:

Signature

Date: 11/20/2014